

2000 UNIFORM BUSINESS REPORT (UBR)

7/1

FILED
Aug 08, 2000 8:00 am
Secretary of State

07-19-2000 90010 001 ***61.25

DOCUMENT # N03359

1. Entity Name
FIRST CHURCH OF GOD OF CRYSTAL RIVER INC.

Principal Place of Business Mailing Address
419 N ROCK CRUSHER RD **419 N ROCK CRUSHER RD**
CRYSTAL RIVER FL 34429 **CRYSTAL RIVER FL 34429**
US **US**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
59-2915209 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
MATTHEW SPATE, GARY
6233 W PINEDALE CIR
CRYSTAL RIVER FL 34429

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE *Res. Daniel Oakes, Matthew Spate* 7/13/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME SD BENEFIELD, LORRAINE STREET ADDRESS 5579 W PINE CIR CITY-ST-ZIP CRYSTAL RIVER FL	<input checked="" type="checkbox"/> Delete	TITLE NAME SD PAMELA DUNN STREET ADDRESS 5110 S. MOORELAND PT. CITY-ST-ZIP HOMDSASSA, FL 34448	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME CD SPATE, GARY STREET ADDRESS 6233 W PINEDALE CIR CITY-ST-ZIP CRYSTAL RIVER FL	<input checked="" type="checkbox"/> Delete	TITLE NAME CD SPATE, MATTHEW STREET ADDRESS 6233 W. PINEDALE CIR CITY-ST-ZIP CRYSTAL RIVER, FL 34429	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME D FOLTZ, GARY STREET ADDRESS 1209 N LION CUB POINT CITY-ST-ZIP LECANTO FL 39461	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME T THOMPSON, RODNEY STREET ADDRESS 485 DUNKENFIELD AVE CITY-ST-ZIP CRYSTAL RIVER FL	<input type="checkbox"/> Delete	TITLE NAME THOMPSON, RODNEY STREET ADDRESS 2140 CEDARHOUSE TERR CITY-ST-ZIP CRYSTAL RIVER FL 34428	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME D HUNT, CHARLES STREET ADDRESS 751 N. MAYNARE AVENUE CITY-ST-ZIP LECANTO FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME P OAKES, DANIEL STREET ADDRESS 937 N MCGOWEN AVENUE CITY-ST-ZIP CRYSTAL RIVER FL 34429	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Res. Daniel Oakes, Matthew Spate* 7/13/00 (352) 795-5553
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/00)